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Job Satisfaction and Retention of Registered Nurses at a Small Rural Hospital in
Southeastern United States

by

Rachael M. Drake

A thesis submitted to the faculty of
Gardner-Webb University School of Nursing
in partial fulfillment of the requirements for the
Master of Science in Nursing Degree

Boiling Springs

2014

Submitted by:

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Abstract

This research project embarked upon an investigation related to the retention of nurses at a small hospital in the Southeastern United States. The research question that guided this study asked, ‘what were the factors affecting nurse satisfaction at this health care facility? Many variables were explored as answers sought through surveys and documented reviews emerged. From a sample of 65 (n=65) respondents to a survey it was discovered that salary, vacation, opportunities to work straight days, compensation for working weekends, weekends off, nursing peers, physician the nurse works with, opportunities to interact professionally with other disciplines, recognition of work from peers, amount of encouragement, and positive feedback and the amount of responsibility undertaken were the most prevalent factors affecting nurse satisfaction at this small hospital in Southeastern United States. Findings were consistent with previous research conducted on the subject. The following pages of this document outline a comprehensive descriptive explanatory report of the research process and conclusions drawn.

Keywords: Nurse, salary, job conditions, working hours, supervisor relationships, workers’ compensation, relationships among staff, retention, and attrition.

Acknowledgement

This study would not have been possible without the support and encouragement received from so many people. A warm thank you is extended to my advisor, Dr. Anna Hamrick, for her continual guidance and support throughout the completion of this thesis. Thank you to Betty Warlick for guiding me through the IRB process. I also would like to thank my friends, colleagues, and spouse who encouraged and assisted me through this process.

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CHAPTER I

Introduction

Problem Statement

Nurse retention is a global problem. Jones and Gates (2008) contend that nurse retention is a business dilemma since it costs health care in America \$22,000-\$64,000 per nurse turnover (Jones & Gates, 2008). In an institution such as this small health care facility in Southeastern United States, where the nurse/patient ratio is 5:1, investigating nurse retention is imperative for business survival. Hence, this research identified factors responsible for nurse satisfaction issues occurring in this facility.

Justification of the Research

Since nurse retention is a global problem and not peculiar to United States of America or this small hospital in Southeastern United States, it was justifiable for conditions at this facility be explored distinctly since it signified a sample of the global phenomenon. Even though the samples taken were much smaller than those used in more extensive studies undertaken in larger health care settings, the outcomes of this research can serve as a case study for more or less sophisticated institutions around the world.

Purpose

The purpose of this study is to explore factors impacting nurse satisfaction at this specific clinical agency and how they compare to the global issue of nurse satisfaction

Research Question or Hypothesis

What are the factors affecting nurse satisfaction at this small rural hospital in the Southeastern United States?

Theoretical/Conceptual Framework

In selecting a theoretical premise for this study, the researcher employed an eclectic approach by choosing a combination of theories from different disciplines in exploring the occurrence of nurse retention within the profession globally and specifically at this facility. It must be understood that nurse retention is closely related to attrition. Therefore, in highlighting nurse retention, this author acknowledges that inevitably attrition issues will surface for recognition in this research project. Besides, it has been observed that there is a current knowledge gap existence in nurse retention theories nationally and globally.

Herzberg's (1923-2000) *Motivator-Hygiene theory* served a broader alternative motivation perspective alongside Maslow's Hierarchy of Needs in explaining nurse retention at all levels. The assumptions embodying this Motivator-Hygiene theory declare that factors applicable to job satisfaction are distinct from those linked to inadequate job satisfaction and employee turnover. Therefore, the needs hierarchy advanced by Maslow is modified by Herzberg to encompass concepts associating motivators and hygiene (Hyun, 2009).

Similar to Maslow's Hierarchy of Basic Human Needs Theory, Herzberg advances that motivators occur as unexpected bonuses initiating employees' desire for excellence. Hygiene when conceived from another angle embraces missing expectations, which can alter an employees' response to their job situation creating dissatisfaction and retention irregularities (Hyun, 2009). The theorist offered some simple examples of hygiene applications reflecting inadequate lighting in a facility, unfavorable bathroom conditions, and insufficient equipment to perform daily tasks. Ultimately, the theorist

concluded that employers must be articulate in their positive reinforcement strategies by maintaining expected hygiene factors in limiting retention incidences (Hyun, 2009).

George Herbert Mead stated in his Symbolic Interactionist Theory, “people act toward things based on the meaning those things have for them; and these meanings are derived from social interaction and modified through interpretation” (Silva, 2007, p. 20). Mead further highlighted five assumptions supportive of his hypothesis. The first states that humans must be understood as a social entity; secondly he/she must be perceived as a thinking being; thirdly humans do not become integrated directly but taking it for granted, but actually define the situation they find themselves in; fourth human beings respond to their environment by reacting to what is currently occurring in their situation; and fifthly people are very active participants in their environment (Herman-Kinney & Reynolds, 2008).

The third and final theoretical concept applicable to this research investigation is Woodward’s Contingency Theory since every organization has a responsibility for retaining its staff. Assumptions of this theory emerge from the behavioral sciences category, which claims that ‘there is no best way to organize a corporation, to lead a company, or to make decisions’ (Lutans, 2011, p.12). Rather, the best course of action is dependent or contingent upon internal and external situations affecting outcomes. A manager who adapts the contingent leadership style applies initiative in effecting favorable outcomes in the organization (Lutans, 2011).

Definition of Terms

For the purpose of this research investigation definition of the key terms are as follows:

- Nurse – A person who has undergone a period of health training and is certified to function in the capacity of Registered Nurse (RN), License Practical Nurse (LPN), and Certified Nursing Assistant (CNA).
- Salary – money offered for services at the end of a particular period.
- Job conditions – relationships, salary, equipment, facilities in the work environment applicable to enhancing work performance.
- Working hours – a designated period of time for being on the job.
- Supervisor relationships – interaction culture of persons in charge of sections/nurses within the institution.
- Workers compensation – bonuses, pensions, sick leave, vacation, health insurance coverage, and child care services.
- Relationships among staff - interaction culture of nurses employed in the institution
- Retention – ability for keep a nurse in regular employment for a period of two years or more
- Attrition – resignations, leave of absence, and abscondment.

Summary

This introductory chapter gave a background to the significance of undertaking a study pertaining to nurse satisfaction at a small health care facility in Southeastern United States. Thereafter, the current problem of nurse retention at this institution was recognized as a global issue, which should be addressed at a wider level using this facility as a sample case study.

Three theoretical positions were adapted inclusive of Motivator – Hygiene Theory, Symbolic Interactionism, and contingency. Finally, terms were defined as they would be interpreted in this study. In the introductory analysis it was observed that theories pertaining to nurse retention are extinct.

CHAPTER II

Research Based Evidence

This section of the research project encompasses an evidence based document exploration pertaining to factors, which may predispose to nurse retention issues generally. Evidence was drawn in establishing relevance to the statement of problem and theoretical framework after which a strength and limitation analysis of sources retrieved was conducted. Professional databases were used for peer reviewed literature using key words/terms: Nurse, salary, job conditions, working hours, supervisor relationships, workers compensation, relationships among staff, retention, attrition, Symbolic Interactionism, Motivator- Hygiene Theory, and contingency theory. The following exposition displays results of searches conducted on Google scholar, PubMed, American Journal of Nursing, Online Journal of Nursing Issues, and the International Journal of Nursing Studies.

Literature Related to Statement of Purpose

A systemic review of literature conducted by Salt, Cummings, and Profetto-McGrath (2008) confirmed that if the organization implements retention strategies, it is highly likely that retention rates will increase. The researchers emphasized that with an overwhelming global nursing shortage accompanied by a high incidence rate turnover, especially among new graduate nurses (NGNs) during their employment first year, it was imperative to investigate effectiveness of current retention strategies aimed at modifying training of NGNs. The aim of their review was to identify strategies used by health care organization to retain nurses (Salt et al., 2008).

Studies focusing on retention strategies' implementation influencing NGNs stay in their employment position and place were examined. Data revealed that the retention designs must be strong for highest rates to be achieved. Importantly, organizations with highest retention rates were linked to profound retention strategies with an adequate preceptor program model created targeting NGN stay length of three to six months and beyond. However, they concluded that there was limited evidence supportive of nurse retainance implementation strategies, which could suggest that organizations did not give much attention to retaining nurses (Salt et al., 2008).

Viewing the nurse retention phenomenon from world perspective, Willis-Shattuck, Bidwell, and Thomas (2008) conducted studies pertaining to 'Motivation and retention of health workers in developing countries through a systematic review.' The researchers reviewed 23 articles containing both quantitative and qualitative studies on nurse retention in developing countries. Health workers migration was investigated using Kenya, Philippines, South Africa, Zimbabwe, Uganda, Tanzania, Mali and Ghana. Asian countries included, Jordon, Bangladesh, Vietnam, Georgia, Malaysia and Kazakhstan (Willis-Shattuck et al., 2008).

Seven major themes affecting retention of health care workers emerged from the literature retrieved pertaining to the countries sampled. They encompassed 'financial rewards, career development, continuing education, hospital infrastructure, resource availability, hospital management, and recognition/appreciation. In concluding, the researchers highlighted that in the review there was evidence suggestive of organizations using initiatives designed directly towards improving motivation. It could make a

remarkable difference in improving health care retention rates among nations of the world (Willis-Shattuck et al., 2008).

In yet another literature review, Moseley, Jeffers, and Patterson (2008) conducted a literature review investigating retention of the older nursing workforce exploring factors which influence the retention and turnover of older nurses. This team of researchers lamented the fact that older nurses were leaving the profession by either opting out or retiring early. From the analysis certain crucial factors were identified (Moseley et al., 2008)

They related to recognition and respect for contributions and attainments of longstanding employees. Also, professionals demonstrating exemplary managerial characteristics influencing staff retention of new recruits ought to be rewarded for their outstanding performance. Empowerment and autonomy of functions was also emphasized as being important contributory factors affecting nurse retention rates in any organization. Distinctly valuing expertise of senior employees was high on the lists of strategies organizations could adapt in keeping experienced staff actively engaged in their healthcare setting (Moseley et al., 2008).

In bridging the generation gaps within the organization creating a community atmosphere in the job environment instead of separation culture was highly recommended. Again, peer development through appropriate in-service education programs was cited as being beneficial in keeping senior staff engaged in the organizations' goal achievement. In concluding, the researchers cited work environment pressures, flexible schedules with relevant shift options, along with adequate financial

reimbursements were vital to nurse retention currents among health care institutions across the globe (Moseley et al., 2008).

This aspect of the literature review, as it relates to the purpose, would be incomplete if a discussion pertaining to McCloskey/Mueller Satisfaction Scale (MMSS) is not entertained. This measurement was applied in designing items to retrieve data pertaining to what factors affecting nurse satisfaction at this small health care facility in Southeastern United States. This scale is specifically used to evaluate staff nurses' job satisfaction. It contains 31 items highlighting eight categories of satisfaction. They are satisfaction with extrinsic rewards, family work balance issues, coworkers' relationships, interaction in the work environment, professional opportunities, praise recognition, and finally control/responsibility (Mueller & McCloskey, 1990).

A five point Likert scale was used to rate each item. Precisely, this technique was adapted in 1974 when McCloskey researched nurses who had resigned from their jobs. The analysts questioned what factors would have kept them on the job. The study was similar to this one. Items were constructed with theoretical applications from Maslow and Burns. They included evaluations, categories pertaining to safety, social, and psychological rewards. Currently, the scale is refined for rigorous evaluation of nurses' job satisfaction by introducing eight subscales (Mueller & McCloskey, 1990).

Further, this present eight subscale design is supported by factor analysis, but did not coincide with the three theoretical themes embodied in its former dispensation. Instead, safety rewards are demonstrated by three distinct features namely, extrinsic factors, scheduling, and family/work balance. Precisely, social rewards have been adapted into contentment with co-workers and interaction. Finally, satisfaction

pertaining to professional opportunities along with praise/ recognition and control responsibility recognition reflect psychological rewards in this eight subscale structure factor analysis (Mueller & McCloskey, 1990).

With regards to reliability when applying Cronbach's alphas to each eight subscales, there is a range of .52-.84. The global scale for alpha reads .89. Smaller alphas are reflected in scales with fewer items. It was found that correlation testing and retesting measurements conducted at six and twelve month intervals on the job were consistent with lower alphas. Also, comparisons were expected to show these results because they ought to manifest actual changes along with consistency (Mueller & McCloskey, 1990).

Therefore, construct validity was confirmed through application of the three original typologies. Subsequently, an exploratory factor analysis was conducted to arrive at the eight subscales used in the questionnaires tendered for responses. Further, an oblique rotation routine was applied in alignment with a Statistical Packaging of the Social Sciences (SPSS) maximum likelihood common factor analysis program. Thereafter, the amount of factors and .40 signified the item loadings cutoff point for factors. This was executed after applying an eigenvalue criterion from one subscale. These subscales were later evaluated for theoretically expected correlations with variables such as autonomy, task variety, task identity, friendship opportunities, intent to stay, and feedback. Construct validity was established when moderate correlations were observed for all expected relationships (Mueller & McCloskey, 1990).

Literature Related to Theoretical Framework

Three theoretical premises have been applied in this research document. They are motivator–hygiene, symbolic interactionism, and contingency. Applications of motivator–hygiene by Lambrou, Kontodimopoulos, and Niakas (2010) were reviewed in a case study entitled Motivation and Job Satisfaction among Medical and Nursing Staff in a Cyprus Public General Hospital. The researchers’ goal was to evaluate the way in which Nicosia hospital medical and nursing staff’s performances were influenced by specific motivation factors in developing a relationship between job satisfaction and motivation. Further these researchers desired to estimate motivational features’ influence in socio-demographic and job related factors towards improving performance and retention (Lambrou et al., 2010).

They concluded after addressing four work related motivators, attributes, remuneration, co-workers, and achievements that management approaches utilizing both monetary and non-monetary incentives are highly likely to retain employees. It was also discovered that health care professionals seem to be more motivated through intrinsic factors. This implication was highly suggestive of employers targeting intrinsic factors as an enhancement medium in their efforts to maintain employees’ satisfaction and high motivational levels (Lambrou et al., 2010)

Similarly family health practitioners Syptak, Marsland, and Ulmer (2009) have further completed reviews regarding specific applications of Herzberg Motivator–Hygiene Theory. The authors contend that employee satisfaction affects every aspect of medical practice ranging from patient satisfaction towards improved productivity in the science. Next they support Frederick Herzberg’s theory that employee satisfaction has

two dimensions: “hygiene” and motivation. Third, it was posited that addressing hygiene issues inclusive of salary and supervision, decrease employees' dissatisfaction with the work environment. A fourth proposition states that motivators, inclusive of recognition and achievement, improve productivity, creativity, and commitment (Syptak et al., 2009).

In their application of the theory, these researchers argued that in the real-world practice, although hygiene issues are not the source of satisfaction, they must be addressed first in creating an environment whereby employee satisfaction and motivation can be evenly achievable. It was further thought that company and administrative policies are hygiene issues which must be resolved for optimum motivation to exist. Also, adequate supervision, appropriate salary, cordial interpersonal relationships, working conditions, nature of the practice, achievement status, recognition for high performance, responsibility undertaken, and professional advancement rewards are all hygiene factors contribution to retention issues in an organization (Syptak et al., 2009).

Shattell (2008) conducted a literature with the aim of reviewing the usefulness of a theoretical model in developing nursing knowledge related to nurse patient interaction, review nurse patient interaction, and discuss areas for further research. The model chosen was adapted from Mead’s symbolic interaction specifically applying Goffman’s Face Work Theory. While the researcher did not specifically address nurse retention issues, it was discovered that nurse patient interaction was critical to clinical nursing practice.

More importantly, in applying symbolic interactionism to the relationships reviewed from literature researched Shattell (2008) concluded by identifying that nurses should be vigilant in their communication with patients since their interactions are symbolic of relief of pain or some discomfort. If a patient cannot perceive well-being in

their relationship with a nurse, then nursing outcomes may be thwarted. A descriptive study was cited demonstrating the way patients communicate their pain medication need to the nurse after surgery. It was discovered that some avoided calling the nurse since they were not sure how he/she would have reacted. Again the author cited some degree of patterned communication occurred between patients and nurses since patients wanted to be liked by their nurses, especially if they were longstanding (Shattell, 2008). This same patterned communication could be transferred in a nurse supervisor relationship to the extent of it affecting nurse retention in many organizations.

Contingency theory can be used directly in explaining staff retention since it deals with hospitals, doctor's clinics, and health care provider services such as diagnostic centers and pharmacies. According to Loveridge (2008) staff nurse retention issues are becoming more acute. Consequently, client acuity is increasing while qualified staff ratios are depleting, and practice frustration filter through health care organizations. In the application of contingency theory, this researcher cited nonresponsive organizations as being responsible. Further, it was confirmed that research testing contingency theory revealed that organizational designs combining the use of various nursing technology, could benefit staff nurse retention. The theory was addressed from the premise of implications for organizational effectiveness (Loveridge, 2008).

Strengths and Limitations of Literature

The strengths of this literature review is that there is literature and evidence acknowledging that globally and national retention of nurses is a problematic feature of nursing science management. While studies have addressed resolutions identifying almost the same causes, the problem is increasing. Salary has always been a cause of

attrition among developing nations, but developed nations seem to have the same problem along with work conditions issues inclusive of shifts. Even though there was literature retrieved and selected for review discussing some differences among developed and developing nations, there were no distinct references as to what created the disparity if there is any existing between these two significant economic cultures. Hence, this is a main weakness regarding published literature pertaining to nurse retention globally and nationally. Most studies were literature reviews and not surveys offering primary data.

In concluding the strengths and limitations of this literature review it must be understood gaps in theoretical knowledge explaining nurse retention exists. Nursing theories being used pertain mainly to nurse relationships between patients, nurses, and other health care providers. They offer assumptions pertaining to nursing assessment, diagnoses, nursing interventions, and evaluation of outcome. Theories garner how a nurse ought to perform based on the evidence based practice protocols regarding management of diseases. Limited theories are available providing evidence based practice improving nurse retention, which is as crucial as medication errors within the science. Consequently, this gap in knowledge ought to be addressed from a theoretical level whereby more scientific research should be conducted to fill this discrepancy occurring in the nursing science.

Summary

Literature Related to Statement of Purpose sought answers to the question, what are the factors affecting nurse satisfaction at a small hospital in Southeastern United States? Results were not specifically addressing this small hospital, but are applicable. They encompassed a systemic review of literature conducted by Salt et al. (2008)

confirming that if the organizations implement retention strategies, it is highly likely that retention rates will increase. Willis-Shattuck et al. (2008) embraced the issue from a global dimension through addressing ‘Motivation and retention of health workers in developing countries.’ Countries targeted were: Kenya, Philippines, South Africa, Zimbabwe, Uganda, Tanzania, Mali, and Ghana. Asian countries included: Jordan, Bangladesh, Vietnam, Georgia, Malaysia, and Kazakhstan. Seven key elements contributing to nurse retention evolved. They include ‘financial rewards, career development, continuing education, hospital infrastructure, resource availability, hospital management, and recognition/appreciation.

Theoretically, these features are similar to those depicted by Syptak et al. (2009), who completed reviews regarding specific applications of Herzberg motivator– hygiene. They emphasized adequate supervision, appropriate salary, cordial interpersonal relationships, working conditions, nature of the practice, achievement status, recognition for high performance, responsibility undertaken, and professional advancement rewards as hygiene factors contribution to retention issues in an organization (Syptak et al., 2009).

Moseley et al. (2008) specifically investigated retaining the older workforce. They advanced as suggested in the theoretical applications that valuing expertise of senior employees was high on the lists of strategies organizations could adapt in keeping experienced staff actively engaged in their healthcare setting. Attempts to bridge generation gaps within the organization creating a community atmosphere in the job environment instead of separation culture was highly recommended (Moseley et al., 2008).

Precisely, this relates to Loveridge (2008) research confirmation derived from the contingency theory testing, which revealed that organizational designs combining the use of various nursing technology could benefit staff nurse retention. The theory was addressed from the premise of implications for organizational effectiveness (Loveridge, 2008).

CHAPTER III

Methodology

This chapter outlined the method through which this researcher retrieved data regarding what are the factors affecting nurse retention at a small healthcare facility in Southeastern United States. Precise explanations of the methodology as it relates to the specific design and justifications, setting, sample, protections of human rights, instruments, data collection procedures, and analysis are offered in this analysis of the research process and outcome

Research Design

A descriptive quantitative design was used to conduct this research investigation. Reasons for this design are that the researcher aimed to establish a relationship between an independent variable and a dependent one within a given population. For example, what factors affecting nurse satisfaction at a small upscale health care facility in South Carolina relates two variables. The relation lies between factors and nurse satisfaction, factors determine outcome (nurse satisfaction) where it is the independent variable and nurse satisfaction dependent (Hopkins, 2008).

Quantitative research designs are descriptive in that participants are measured once in the study. As such, the major concern is establishing associations or causality between variables. There are several research approaches that can be taken when conducting a descriptive quantitative investigation. However, for increased accuracy in estimating relationships between variables, sample sizes larger than 100 or stronger are required. A larger sample tends to reduce biases in conclusions. In this research project there were 65 (n=65) respondents to the survey. A caution with descriptive qualitative

design is the inevitability of sample characteristics influencing the relationship being investigated. This could be overcome by limiting heterogeneity by selecting purposive sampling instead of random type (Hopkins, 2008).

A statistical analysis of the data collected in this project was descriptive. This strategy provides simple summaries relative to responses tendered. These summaries are quantitative displays in visual diagrams inclusive of illustrations and tables. Summaries tendered are in themselves enough to describe the phenomenon pertaining to factors influencing nurses' satisfaction at this small southeastern health care institution in South Carolina (Gay, 2008).

Historically, descriptive summary statistics consisted of simple population tabulation, biographic data displays, and interpretive charts. Contemporary approaches have provided explanatory data analysis through calculations of mean, median, and mode where necessary. In extensive reproductions statistics involve formulated calculations (Gay, 2008). For this research project, summaries are expressed in tabulations consistent with the original author, the McCloskey/Mueller Satisfaction Scale (MMSS).

Setting

The main setting for this research project is a small healthcare institution in Southeastern United States. Documents containing information pertaining to the nurse retention rates between 2008 and 2013 at this facility will be perused. The hospital under investigation is a 48 in patient room facility surrounding Greenville and Spartanburg counties South Carolina, United States of America.

According to 2010 census there is a population of 25,515 with an anticipated growth of 30,000 in next four years in the Spartanburg Metropolitan Statistical Area.

Additionally, this geographic space in which this health care facility is located forms a portion of the Greenville-Spartanburg-Anderson, Combined Statistical Area in Southeastern United States (United States Census Bureau, 2011).

A precise demographic profile of the service area for this facility indicates in the 2000 US Census, 6,714 households, and 4,511 families inhabiting the city (United States Census Bureau, 2011). A population density of 1,044.5 people per square mile (403.2/km²) existed at the time. An investigation into the specific ethnic distribution revealed that 19.49% were African Americans, 73.39% White, 0.22% Native Americans, Hispanic and Latino 8.18%, Asian 1.16%, 0.06% Pacific Islander, 4.42% from other races, and 1.26% from two or more races (United States Census Bureau, 2011).

Twenty one percent were of American ancestry, 8.9% Irish, and 8.4% English according to US 2010 Census report. Clearly, African Americans, and Whites are the primary races in this region (United States Census Bureau, 2011).

Precisely, this small health care facility services the community as a government owned acute care entity offering emergency care and many other medical/ surgical services. The hospital section of the facility has an acquired infections' that is lowest among hospitals in the State of South Carolina (Hospitals, 2014). Recent studies show that the population it services is very satisfied with the health care that is provided. Eighty-five percent of patients who were serviced by the hospital would recommend the facility to others (Hospitals, 2014).

Sample

A purposive sample of registered nurses (RNs), The RN's consisted of ER, ICU, 3rd/4th floors (Med/Surg, Telemetry), OR, Pre-op and Post-op staff, and also other ancillary departments such as Imaging that employees registered nurses that provide direct patient care. Purposive sampling is a type of non-probability technique in which the researcher targets a specific population meeting the characteristics needed to be researched. For example, in this research they are registered nurses from the small healthcare facility in Southeastern United States (Marshall, 2008). A major advantage of this sampling method is that it saves times and is less costly than probability methods when researchers have to calculate the sample size before selection. Another major advantage is that they are very useful for in-depth qualitative studies (Marshall, 2008).

Protection of Human Subjects

Protection of human rights was upheld through obtaining informed consent from each participant. In response obligation to keep information private and confidential was tendered. Passwords were secured and online data entry remained anonymous (Appendix A).

Instruments

The instrument used to collect data from nursing staff was the McCloskey/Mueller Job Satisfaction Scale (Appendix B). It also contains advanced features as well as access to the correct samples while gathering data efficiently (SurveyMonkey Help Center, 2013). A survey was designed in Survey Monkey (Appendix C). Registered Nurses in the ER, Medical/Surgical Unit and operating theatre were sent an email via their employer generated email address. Participants were

provided informed consent. They were instructed to click on the link and complete the survey.

Data Collection Procedures

Nurses who provide direct patient care were sent an email with specifics regarding the study. They were then provided with a link for accessing the survey to be completed. Consent was obtained by completing the survey. The email included a cover letter (Appendix D) and survey questionnaire URL. Participants were all registered nurses working at small hospital in Southeastern United States.

Survey Monkey is an online device used to collect data. There are 12 steps in completing the process. First the researcher visited the Survey Monkey website and opened an account, then clicked on sign in, entered the username and password associated with the account, clicked on create survey, entered the title, selected and used a survey template, clicked and selected modify, clicked on the collect responses tab, clicked and selected a method for collecting data, clicked next step, copied url and paste on distribution avenues e.g. email, newsletters etc., and designed the survey to be completed (SurveyMonkey Help Center, 2013).

Data Analysis

SurveyMonkey has a data analysis feature, which was accessed to formulate concepts and categorize them in preparation for creating the hypothesis and subsequent theoretical assumptions. Data was collected and stored electronically. The time frame was set for three weeks in which participants must reply. After the first week an inquiry was conducted to see how many surveys were completed online. If they were non-responsive within the projected time frame an alert was sent as an invitation email

reminding them of the importance in completing the questionnaire (SurveyMonkey Help Center, 2013). However, both internal and external validity issues were first addressed.

Internal and External Validity: Obvious threats to internal and external validity were associated with whether variables used in this research were operationalized accurately to measure concepts investigated. In this study it depends on how well the questionnaire was constructed by the researcher.

Internal Validity: Internal validity is a scientific research property, reflecting consistency of a casual conclusion drawn in relation to the study design adapted for conducting the research. In this investigation a qualitative design is proposed with applications of grounded theory approach. Validity errors can occur, especially, when questionnaires are utilized in a survey. They must be pretested to address ambiguities and differences in cultural interpretations. Pretesting identifies interpretation discrepancies in the items posted on a questionnaire. Internal validity irregularities regarding conclusions will surface if these interpretation differences are not corrected. Also, variables must be appropriately defined and this must be reflected in questionnaires for internal validity of the instrument to be established (Polit & Beck, 2008).

External Validity: This is the extent to which a study can be generalized to similar or other populations and is challenged mostly through sample selection – and whether it is representative of the population of interest. Response rate is very important. While there is no guarantee of a high response rate, researcher strategies to enhance response rate by sending out weekly reminders and distributing more surveys if the response rate is below the expectation (Polit & Beck, 2008). Since this is a survey, external validity is

does not go beyond the boundaries of this study with regards to establishing generality to other hospitals cross the world.

Summary

This chapter outlined the research project undertaken to investigate what the factors are affecting nurse retention at a small health care facility in Southeastern United States. A descriptive quantitative design was selected in alignment with a grounded theory approach. This researcher realized that there are numerous gaps pertaining to theoretical explanations of the nurse retention phenomenon even though it is a huge problem of global magnitude. Consequently, this design, method and approach have been proposed so that this research project could contribute theory to the existing body of knowledge gaps.

CHAPTER IV

Results

Nurses who provided direct patient care were sent an email with specifics regarding the study. Then they were provided with a link on Survey Monkey website to access a survey to be completed. Consent was obtained by explaining to participants that I am a graduate student at Gardner-Webb University completing the Masters of Science in Nursing Administration degree. The survey was part of a research project to investigate the relationship between nursing satisfaction and retention. I was inviting them to participate in the research study by completing an online survey. Their completion of the survey would indicate their willingness to participate.

The email communication included a cover letter and survey questionnaire URL. Participants are registered nurses working at small hospital in Southeastern United States. Sixty five (n= 65) nurses responded to the survey. Below is a response volume description for the period May 25th, 2014 to June 23rd, 2014. Maximum responses of 20, 18, and six were received between June 12-16, 2014 after which there was a significant decline of 4-0 until June 23rd, 2014.(Figure 1)

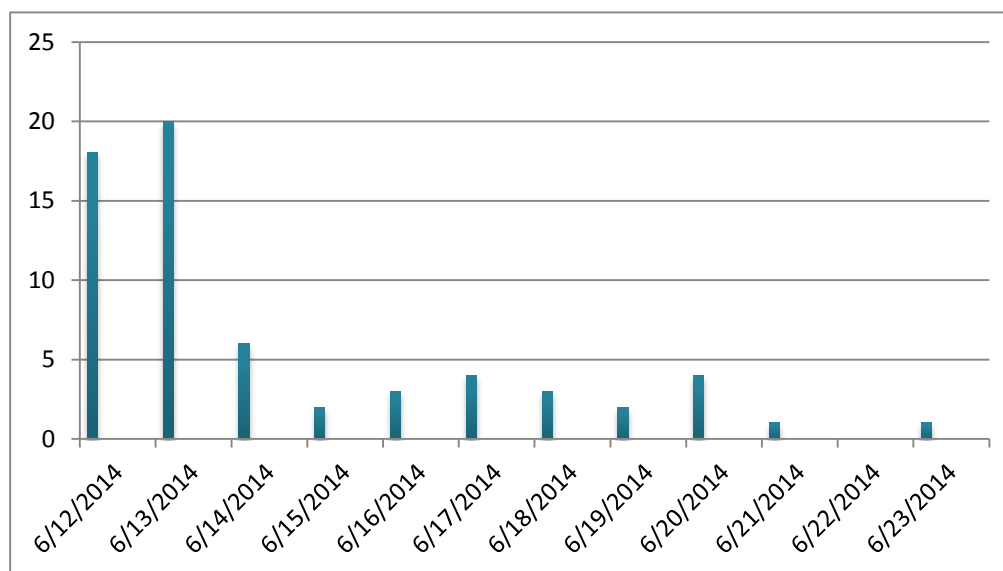


Figure 1. Response Volume

Sample Characteristics

Age

Most respondents were between ages 31 – 40 and no one 71 and over responded to the survey. (Table 1)

Table 1.

Sample Age Range (n=63)

Age range	Percentage	Responses
21 - 30	23.81%	15
31 - 40	34.92%	22
41-50	30.16%	19
51-60	9.2%	6
61 -70	1.95%	1
71 and above	0.0%	0
Total		(n=63)

The Educational Attainment Characteristic

The highest level of education for respondents was Bachelor's and Associates' degree, lowest graduate and no one just obtained a nursing diploma. (Table 2)

Table 2

Educational Level (n=64)

Level	Percentages	Responses
Nursing diploma	0%	0
Associates degree	42.19%	27
Bachelor's degree	53.13%	34
Graduate	4.69%	3
Total		(n= 64)

Years of Experience in the Field of Nursing Characteristic

The highest level of experience of the sample was between 1-5 and 6 -10 years' service, respectively. Twenty years and less than six months were the least. (Table 3)

Table 3

Experience in the Field of Nursing (n=64)

Experience	Percentage	Responses
< 12 months	1.56%	1
1-5 yrs.	42.19%	27
6-10 yrs.	21.88%	18
11-15yrs.	12.50%	8
16-20yrs	10.94%	7
20yrs >	10.94%	7
Total		(n= 64)

Job Specialty

Most of the sample worked in medical/surgical and emergency units. The least were from OR/PreOp/PACU and fair representation of other units in the hospital.(Table 4)

Table 4

Job Specialization (n= 64)

Specialization	Percentage	Responses
Medical/surgical	34.38%	22
Emergency	42.19%	27
Telemetry	10.94%	7
OR/PreOp/PACU	7.81%	5
Other (please specify)	17.19%	11
Total		(n=64)

Intent to Leave Within the Next Five Years

The amount of nurses who have an intention to leave and those who do not are almost the same. There is no significant difference between the two variables. (Table 5)

Table 5

Intent to Leave Responses (n=64)

Intent to leave	Percentage	Responses
I intend to leave my current nursing position	42.19%	27
I intend to leave my organization/facility	10.94%	7
I intend to leave the nursing field	4.69%	3
I have no intent to leave	46.88%	30
Total		(n=64)

Job Satisfaction and Retention of Registered Nurses

How satisfied are you with the following aspects of your job

Answer Options	Very Satisfied	Moderately Satisfied	Neither Satisfied nor Dissatisfied	Moderately Dissatisfied	Very Dissatisfied	N/A	Response Count
Salary	7	28	8	18	5	0	66
Vacation	10	28	12	10	3	2	65
Benefits package (retirement, insurance)	11	24	12	11	6	2	66
Hours that you work	15	32	5	10	2	1	65
Flexibility in scheduling your hours	25	25	4	7	4	0	65
Opportunity to work straight days	24	29	7	0	4	1	65
Opportunity for part-time work	11	7	18	2	3	23	64
Weekends off per month	16	25	8	7	5	4	65
Flexibility in scheduling your weekends off	22	20	10	7	5	1	65
Compensation for working weekends	13	25	8	12	3	3	64
Maternity leave time	4	3	20	3	0	35	65
Child care facilities	2	0	18	2	6	36	64
Your immediate supervisor	29	21	6	6	3	0	65

Your nursing peers	24	32	6	3	0	0	65
The physicians you work with	12	35	7	9	2	0	65
The delivery of care method you use on your unit (e.g. functional, team, primary)	17	34	11	2	0	1	65
Opportunities for social contact at work	11	38	13	1	1	0	64
Opportunities for social contact with your colleagues after work	10	29	20	2	1	3	65
Opportunities to interact professionally with other disciplines	11	28	12	9	4	1	65
Opportunities to interact with faculty at the College of Nursing	3	8	22	4	3	24	64
Opportunities to belong to department and institutional committees	7	29	20	3	3	3	65
Control over what goes on in your work setting	10	20	16	13	6	0	65
Opportunities for career advancement	9	25	12	12	5	1	64
Recognition of your work from peers	10	33	14	7	1	0	65
Amount of encouragement and positive feedback	12	28	8	12	5	0	65
Opportunities to participate in nursing research	4	7	29	9	5	11	65
Opportunities to write and publish	2	3	30	7	2	21	65
Your amount of responsibility	11	33	17	4	0	0	65
Your control over work conditions	7	23	17	12	5	0	64
Your participation in organizational decision making	3	24	18	12	5	2	64

Figure 2. Satisfaction with Specific Aspects of the Job (n=65)

Major Findings

The above results reflect answers to the research question, what are the factors affecting nurse satisfaction at this small health care facility in Southeastern United States and they represent the major findings of this research project. Thirty one items intended to gather data pertaining to eight types of satisfaction subtypes were considered for evaluation. (Figure 2)

According to the data retrieved from this sample, high levels of job satisfaction were shown to be dependent on factors are:

- Salary
- Vacation
- Opportunities to work straight days
- Compensation for working weekends
- Weekends off
- Nursing peers
- Physician the nurse works with
- Opportunities to interact professionally with other disciplines
- Recognition of work from peers
- Amount of encouragement and positive feedback
- The amount of responsibility undertaken.

Alternatively, job dissatisfaction was linked to:

- Retirement benefits
- Type of encouragement
- Participation in the organization decision making

- Control over working conditions
- Opportunities for Career development
- Control over activities in the work environment.

Summary

Sample Characteristics

The sample characteristics consisted of age respondents being between ages 31 – 40 and no one 71 and over responded to the survey. The highest level of education for respondents was bachelor's (n=34) and associates degree (n= 27). The lowest was graduate (n=3) and no one just obtained a nursing diploma. Highest level of experience obtained by this sample was between 1-5 and 6 -10 years' service, respectively. Twenty years and less than six months were the least work experiences. Specialty on the job revealed that most of the sample worked in medical/surgical (n= 22) and emergency units (n= 27). The least were from OR/PreOp/PACU and fair representation of other units in the hospital. (Table 6)

Table 6

Sample Characteristics Summary

Characteristic	Most	Least
Age	31 – 40 (34.92%) - 22 41-50 (30.16%) -19	Above 71 - 0%
Highest level of school completed or the highest degree received	Associates (42.19%) - 27 Bachelors (53.13%) - 34	Nursing Diploma(0%) - 0 Graduate (4.69%) - 3
Experience in the field of nursing	1-5 (42.19%) - 27 6 -10 (21. 88%) -18	16 -20 (10.94%) -7 21 and above (10.94%) - 7
Specialty on the job characteristic	Emergency (42.19%) -27 Medical/ surgical (34.38%) - 22	Telemetry (10.94%) -7 OR/PreOp/PACU (7.81%) - 5
Total		(n=65)

Below are two graphs showing actual response results rates after application of McCloskey/Mueller Satisfaction Scale (MMSS) using the five point Likert scale. They reflect moderately satisfied responses to the items shown in the graphs. Very satisfied responses were significantly lower. (Figures 3 and 4)



Figure 3. Factors Most Impacting Satisfaction

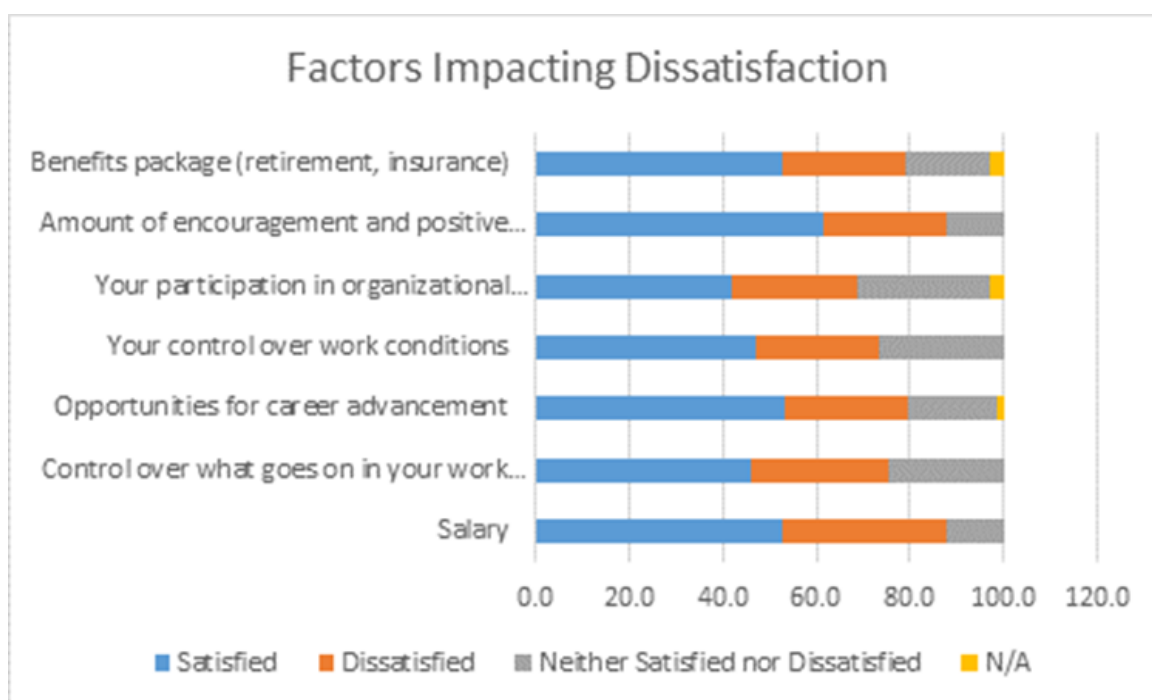


Figure 4. Factors Impacting Dissatisfaction

CHAPTER V

Discussion

Nurses' job satisfaction issues related to retention is identified as a global problem. Research conducted by Jones and Gates (2008) revealed that nurse retention is a business dilemma because it costs health care in America some \$22,000-\$64,000 per nurse turnover (Jones & Gates, 2008). In an institution such as this small health care facility in Southeastern United States where the nurse/patient ratio is 5:1 investigating nurse retention is imperative for business survival. Hence, this research results revealed factors responsible for nurse retention issues occurring in this facility. By applying a descriptive quantitative research design to the question, what are the factors affecting nurse retention at a small southeastern nursing facility in South Carolina, major features were exposed.

Correlation studies revealed that nurse retention and satisfaction are positively related. Consequently, McCloskey/Mueller Satisfaction Scale (MMSS) utilizing a five point Likert scale was developed as a statistical measurement tool in identifying these factors. Based on measurements obtained through analysis of responses from 65 nurses' responses (n= 65) 11 distinct factors were uncovered being responsible for retention at the health care facility in Southeastern United States.

They were expressed as features that would contribute towards nurse satisfaction on the job. Salary, vacation, opportunities to work straight days, compensation for working weekends, weekends off, nursing peers, physician the nurse works with, opportunities to interact professionally with other disciplines, recognition of work from peers, amount of encouragement and positive feedback, and the amount of responsibility undertaken were the major satisfaction elements.

Implication of Findings

From previous literature review implications of these findings are immense within the science because they have reiterated existing findings as well as expose recurring issues, which ought to be addressed in formulating twenty first century nurse retention strategies. For example, Willis-Shattuck et al. (2008) took a global view of nurse retention investigating, 'Motivation and retention of health workers in developing countries through a systematic review.' After evaluating 23 articles containing both quantitative and qualitative data, seven major themes emerged. They included financial rewards, career development, continuing education, hospital infrastructure, resource availability, hospital management, and recognition/appreciation (Willis-Shattuck et al., 2008).

When connecting these themes to findings in this research project, the evidence coincided and did not conflict. Importantly, financial rewards and salary are linked. Also, an opportunity to interact professionally with other disciplines is associated with career development in the literature review findings. Amount of encouragement and positive feedback and recognition of work from peers are two variables strongly associated Willis-Shattuck et al. (2008) recognition/appreciation.

The major implication of this data is that health care planners must acknowledge the associating factors among retention of workers, motivation, and job satisfaction. The sample characteristics suggested that retaining a registered nurse beyond 10 years in the same institution is the farthest human resource management can go in keeping qualified staff on the job.

One to five years is the average expected nurse retainance rate 1-5 (42.19%), while 6-10 (21. 88%) may be applicable in describing about half of the average nurse retention rate at this southeastern nursing facility in South Carolina. As such, a serious implication of nurses' satisfaction being dependent upon salary, vacation, opportunities to work straight days, compensation for working weekends, weekends off, nursing peers, physician the nurse works with, opportunities to interact professionally with other disciplines, recognition of work from peers, amount of encouragement and positive feedback, and the amount of responsibility undertaken considering upgrading health care retainment strategies to reflect these factors.

Salt et al. (2008) confirmed through a systemic review that if an organization implements retention strategies it is highly likely that retention rates will increase. The researchers emphasized that with an overwhelming global nursing shortage accompanied by a high incidence rate turnover, especially among new graduate nurses (NGNs) during their employment first year it is imperative to investigate effectiveness of current retention strategies aimed at modifying training of NGNs. The aim of their review was to identify strategies used by health care organization to retain nurses (Salt et al., 2008).

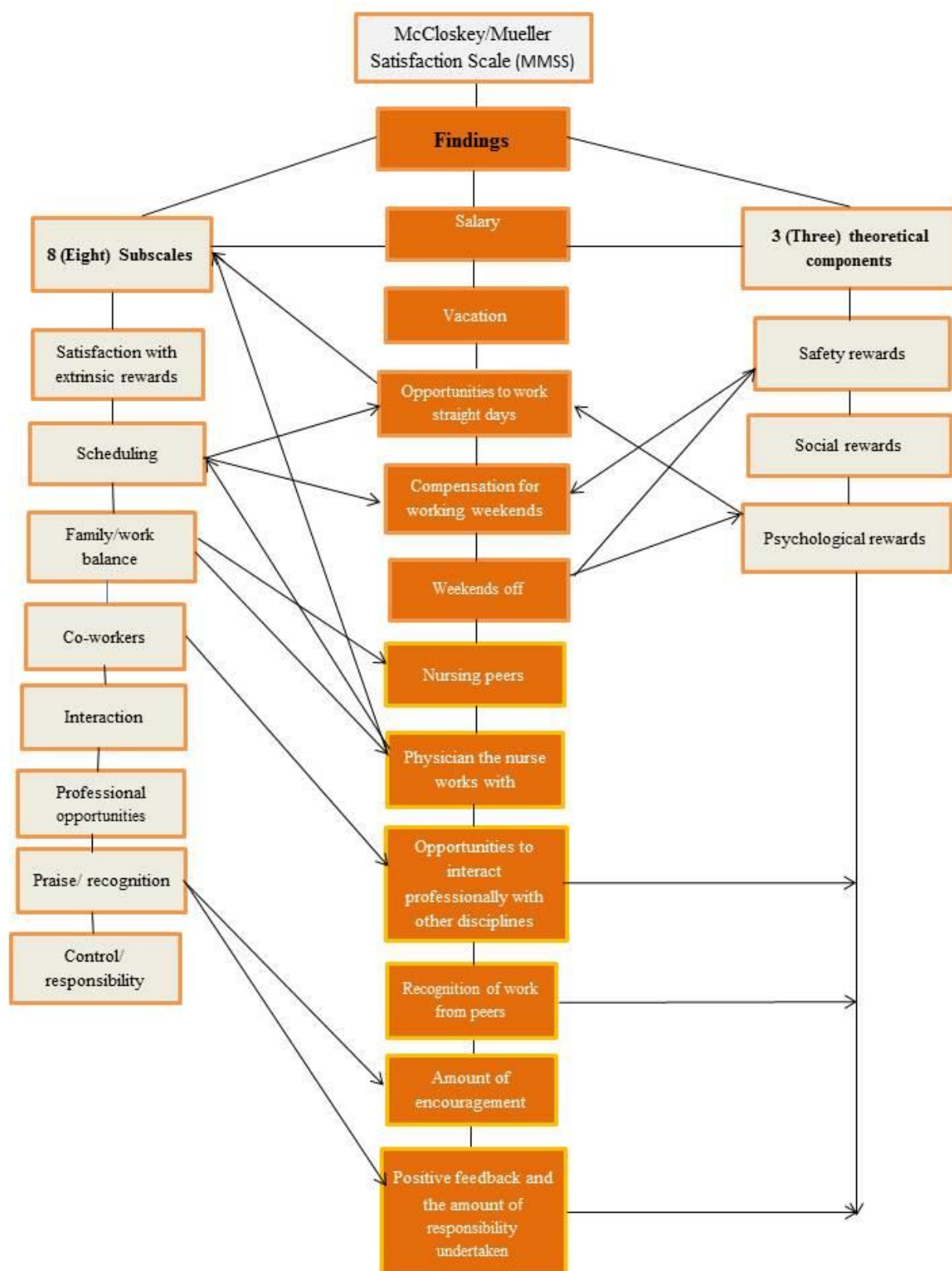
Studies focusing on retention strategies' implementation influencing NGNs stay in their employment position and place were examined. Data revealed that the retention designs must be strong for highest rates to be achieved. Importantly, organizations with highest retention rates were linked to an adequate preceptor program model created targeting NGN stay length of three to six months and beyond. However, they concluded that there was limited evidence supportive of nurse retainance implementation strategies,

which could suggest that organizations did not give much attention to retaining nurses (Salt et al., 2008).

Application to Theoretical/Conceptual Framework

There were theories referenced in this literature review related to job satisfaction being dependent on salary and vacation, which were the highest motivators for this sample. Further, the hygiene theory offered assumptions regarding missing expectations creating dissatisfaction. Importantly, a hygiene element discovered in these results related to the desire by staff for validation of peers when accomplishments are achieved. Lack of opportunities to interact professionally with other disciplines is hygiene dissatisfaction assumptions (Hyun, 2009).

Since McCloskey/Mueller Satisfaction Scale (MMSS) was applied as the quantitative measurement in this research it is applicable at this point in the discussion to relate the eight subscales, satisfaction with extrinsic rewards, scheduling, family/work balance, co-workers, interaction, professional opportunities, praise/recognition, and control/responsibility to the three theoretical components embodied in the measurement with these findings. Below is an illustration of how the findings in this research are aligned to this measurement. (Figure 5. MMS Scale)



Arrows linking eight subscales to findings and theoretical features of the McCloskey/Mueller Satisfaction Scale described the extent to which nurse satisfaction factors relate to theory and scale respectively. For example, satisfaction with intrinsic rewards according to findings correlate with salary and vacation distinctively, which is produced from social reward theoretical perspective of the scale.

Likewise recognition from peers, amount of encouragement, positive feedback, and amount of responsibility undertaken emerged from interaction and praise/recognition subscales. These are related to psychological rewards. Even though the intent to leave feature was evaluated separately from in the scale, previous correlations show where there are positive relationships among these variables and intent to leave factor represent retention.

Symbolic Interactionist theory was used to describe the fact that ‘people act toward things based on the meaning those things have for them, and these meanings are derived from social interaction and modified through interpretation’ (Silva, 2007, p. 20). As such, salary, vacation, opportunities to work straight days, compensation for working weekends, weekends off, nursing peers, physician the nurse works with, opportunities to interact professionally with other disciplines, recognition of work from peers, amount of encouragement and positive feedback, and the amount of responsibility undertaken have significant meanings to the sample. Precisely, they symbolize levels of fulfillment or satisfaction derived from their social setting, the job.

Contingency theory was the third theoretical premise informing this study. Since every organization has a responsibility for retaining its staff it must be realized that ‘there is no best way to organize a corporation, to lead a company, or to make decisions’

(Lutans, 2011, p.12). Instead the best course of action is dependent or contingent upon internal and external situations affecting outcomes (Lutans, 2011). These internal and external forces as exemplified in results obtained from this research project clearly indicate that they encompass salary, vacation, opportunities to work straight days, compensation for working weekends, weekends off, nursing peers, physician the nurse works with, opportunities to interact professionally with other disciplines, recognition of work from peers, amount of encouragement and positive feedback, and the amount of responsibility undertaken.

Limitations

Limitations lie in the research design adapted along with the sample size and instruments used in this research project. While this research design was intended to be quantitative whereby statistical interpretations are dominant, the limitation in this study is that due to the quantitative nature of the MSS scale it was difficult applying other correlations or inferential statistics, which may be nonaligned to the measurements set forth in MSS. However, in relation to both internal and external validity this scale was tested. Construct validity was confirmed through application of three original typologies. Besides, exploratory factor analysis was conducted to arrive at the eight subscales used in the questionnaires tendered for responses (Mueller & McCloskey, 1990). Reliability issues were clarified reliability when Cronbach's alphas was applied to each eight subscales a range of .52-.84 was obtained. The global scale for alpha reads .89. Smaller alphas are reflected in scales with fewer items. It was found that correlation testing and retesting measurements conducted at six and twelve month intervals on the job were consistent with or lower than alphas (Mueller & McCloskey, 1990).

Sample limitation is the significant issue to be addressed in this research. It was purposive and relatively small, but adequate for the institution being researched to have a total of 65 (n=65) responses, which were retrieved and could be considered representative of the population under review. However, generality is limited since the sample was obtained from a small southeastern health care facility within a specific geographic location.

Implications for Nursing

It was the desire of the researchers that the findings of this research project provide evidence based data to address nurse retention not only at this small health care facility in the Southeastern United States, but adaptations made from this research towards revising retention strategies in hospitals across the world. Evidence based data from literature revealed that retention is a global dilemma not unique to any country or region particularly. It is hoped that the factors salary, vacation, opportunities to work straight days, compensation for working weekends, weekends off, nursing peers, physician the nurse works with, opportunities to interact professionally with other disciplines, recognition of work from peers, amount of encouragement and positive feedback, and the amount of responsibility undertaken be scrutinized more in-depth at hospitals across the nation and internationally. These factors represent retention issues pertaining to nurses' satisfaction on the job. It is the hope of the researcher to provide the information obtained from this research study to hospital administration so that satisfaction issues can be identified, and steps can be taken to retain nurses longer than five years.

Importantly, positive correlations between variables nurses' satisfaction and retention were observed. A coefficient of +1 was discovered when 11 elements of nurses' satisfaction were calculated applying a mean score level of satisfaction expressed by the sample (n=65). It was proven to be an approximate mean satisfaction level of six of a possible ten. The mean retention level was calculated using results obtained from intent to leave subscales of the McCloskey/Mueller Satisfaction Scale. Nurses who intend to leave were shown to be (n=27) (42.19%) out of a (n=64) response rating while nurses who have no intent to leave response was (n=30) (46.88%) out of (n=64). Even though there was no significant difference between those who intend to stay and leave it is worth noting for the purposes of this research. The implication for further nursing practice lies in trying to further narrow the gap between those who intend to leave and stay.

Recommendations

Since attrition of nurses is a global issue, these factors salary, vacation, opportunities to work straight days, compensation for working weekends, weekends off, nursing peers, physician the nurse works with, opportunities to interact professionally with other disciplines, recognition of work from peers, amount of encouragement and positive feedback, and the amount of responsibility undertaken are factors require global attention if nurses. The disheartening position about nurses' job satisfaction/dissatisfaction is that it is no secret to policy makers whether it be politically or within health care settings.

These findings are not entirely new, but recurring decimals within the science. However, the question is to what extent are these factors addressed within the discipline for nurses to remain on the job or at a specific health care institution for more than five

years? Hence, the researcher's recommendation is for more research regarding what policy makers are doing as it relates to retention of nurses. Research has no value if evidence cannot be translated into practice. There is no need to gather more evidence, but for strong measures be taken to have them translated into health care settings for the benefit of patients, ultimately, and professional practice.

Conclusion

While these results have reiterated existing factors affecting nurse retention, this research in its uniqueness is calling for policy makers to look beyond health care as merely a business like any other. Consumers of care clients/patients deserve the best from the system since they contribute taxes. Dissatisfied nurses function without motivation. Theoretically, motivators occur as unexpected bonuses initiating employees' desire for excellence (Hyun, 2009).

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Appendix A

Protection of Human Rights Informed Consent

Consent to Participate in a Research Study

Study Title: Job Satisfaction and retention of registered nurses at a small rural hospital in Southeastern United States.

Investigator: Rachael Drake, MSN Program at Gardner-Webb University,

I am a graduate student at Gardner-Webb University completing the Masters of Science in Nursing Administration degree. This survey is a part of a research project to investigate the relationship between nursing satisfaction and retention. I am inviting you to participate in this research study by completing an online survey. Completion of the survey will indicate your willingness to participate in this study.

What are you asking me to do if I agree to be in the study?

If you agree to participate in the study, demographic information will be collected at the beginning of the survey. You will be answering 31 questions related to job satisfaction. The total time needed to complete the survey will be about 15 minutes.

How will this study help me?

The benefits to participating in this study may help others by making recommendations regarding registered nurses' job satisfaction within the hospital system. The results of the study could give greater understanding of the impact of work environment, specifically work schedule flexibility and work/life balances, on job satisfaction among nurses, and how these factors affect nurse retention.

Are there any risks involved with being in the study?

There are no anticipated physical risks or harms to you as a result of your participation in the study. Participation in this research study is confidential and will not affect employment status in any way whether you chose to participate or not participate by completing the survey.

What steps have been taken to minimize participant risk?

You may choose not to respond to any questions that you prefer not to discuss. The information that you provide will be kept confidential. IP addresses will not be tracked. Participation is voluntary. If at any time during this study you wish not to participate, you may do so without any consequence. No one will be notified about your participation in this study. Only the researcher will have access to the survey results and data collected in this study.

Will it cost anything to participate?

No.

Whom can I contact with questions or concerns?

If you have questions, please contact Rachael Drake at (864) 363-6920. If you have concerns about the study, please contact the Institutional Review Board at (864) 560-6892.

For a copy of the completed study, contact Rachael Drake at (864) 363-6920. Results will be available after July 2014.

Participant's Agreement: I have read the above information. The study has been explained to me and any questions have been answered. I voluntarily agree to be in this study by completing the survey.

Appendix B

McCloskey/Mueller Job Satisfaction Scale

Brief Description of Instrument – Measures nurses' job satisfaction in 8 domains: satisfaction with extrinsic rewards, scheduling, family/work balance, co-workers, interaction, professional opportunities, praise/recognition, and control/responsibility. Originally developed for use with hospital staff nurses.

Scale Format – 5-point Likert (5=very satisfied, 3=neither satisfied nor dissatisfied, 1=very dissatisfied). 31 items.

Administration Technique – Self-administered questionnaire.

Scoring and Interpretation – Sum items of subscale.

Test-retest Reliability – Global scale = 0.64, six month interval. For subscale information, please see original citation.

Internal Consistency – Global Scale = 0.89. For subscale information, please see original citation.

Construct Validity – Correlated with characteristics from the Job Characteristics Inventory. Correlations found in areas of autonomy, friendship opportunities, feedback, variety and task identity. Correlations with intent to stay on job also found. Please see original citation for details.

Criterion-Related Validity – Correlated with Brayfield-Rothe General Satisfaction Scale, Hackman and Oldham's Job Diagnostic Survey. Correlations ranging from 0.53 to 0.75 were found. Please see original citation for details.

Strengths – Reliable and valid measure.

Limitations – Assess different job facets, but not how important that is to the individual nurse (Original instrument).

Appendix C

Questionnaire

Job Satisfaction and Retention of Registered Nurses

1. What is your age?

- ☐ 21-30
☐ 31-40
☒ 41-50
☐ 51-60
☐ 61-70
☐ 71 or older

2. What is the highest level of school you have completed or the highest degree you have received?

- ☐ Nursing diploma
☐ Associate degree
☐ Bachelor degree
☐ Graduate degree

3. Years of experience in the field of nursing

- ☐ <12 months
☐ 1-5 years
☐ 6-10 years
☐ 11-15 years
☐ 16-20 years
☐ >20 years

4. Intent to leave within the next five (5) years

- ☐ I intend to leave my current nursing position
☐ I intend to leave my organization and/or facility
☐ I intend to leave the field of nursing
☐ I have no intent to leave

5. What specialty do you work in at your job

- ☐ Medical/Surgical
☐ Emergency
☐ Telemetry
☐ OR/PRE Op/PACU
☐ Other (please specify)

[illegible][illegible]

Appendix D

Cover letter

June 20, 2014

Dear Ms Drake and Dr. Hamrick,

Your research study titled “Job Satisfaction and Retention of Registered Nurses at a Small Rural Hospital in Southeastern United States” has been approved by the Gardner-Webb University School of Nursing’s IRB for the period indicated. It has been determined that the risk involved in this research is no more than minimal.

Approval Date: 6/20/14

Expiration Date: 6/20/15

Investigator’s Responsibilities

Federal regulations require that all research be reviewed at least annually. It is the Principal Investigator’s responsibility to submit for renewal and to obtain approval before the expiration date. You may not continue any research activity beyond the expiration date without IRB approval. Failure to receive approval for continuation before the expiration date will result in automatic termination of the approval for this study on the expiration date.

You are required to obtain IRB approval for any changes to any aspect of this study before they can be implemented. Should any adverse event or unanticipated

problem involving risks to the participants or others occur, the events must be reported immediately to the School of Nursing IRB representative.

During your study, you must retain all instruments/forms/surveys and data. Prior to the presentation of your data within the School of Nursing Research Day, you must submit all instruments/forms/surveys along with your data to the IRB representative. Failure to do submit this information prior to the presentation will result in an inability to present your findings and will impact your graduation date. Prior to graduation, it is the responsibility of the student and the advisor/chair to ensure that this IRB is closed using the appropriate form.

Please contact me with any questions.

Best wishes on your research.

Sincerely,

Sharon Starr, PhD, RN

Chair, IRB Committee